								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000							RD	04/825718					
CLAIMS AS ELLED DADT I										$\underline{\smile}$ T	-		
(Cotumn 1) (Cotumn 2)							SMALL TYPE	43 . 		OR	OTHER SMALL		
TOTAL CLAIMS			积	_				RATI	E	FEE	1	RATE	FEE
FOR			NUMBER	FILED	NUMB	ER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			mi	านร 20=	• 2	2		X\$ 9	=		OR	X\$18=	450°E
INDEPENDENT CLAIMS			minus 3 =				X40=		OR	X80=	_		
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=			OR	+270=	
* If the difference in column 1 is le			less than z	ero, ente	r "0" in c	olumn 2	{	TOTA		-	OR	TOTAL	11100
CLAIMS AS AMENDED - PART II 8-9-0									-		lou		THAN
(Column 1) (Column 2) (Column 3)							7	SMAI	LLE	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	·30	Minus		37	PX		X\$ 9:	,,		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	PENDEND	3 3 9			X40=	-		OR	=08X	
ب		THAT IS IT IS		CADEM	CEAIN			+135:			OR	+270=	
			. 1	+_1	1-0	55		TOT ADDIT, F			OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								ADUII, P	ec 8	•	5	NULSI. PEEL	
8	le.i i i	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE		ADDI-	1 1		ADDI-
AMENDMENT										TIONAL FEE		RATE	TIONAL FEE
	Total Independent	.30	Minus	-4	5	= /		X\$ 9=	•		OR	X\$18=	
AM	FIRST PRESENTATION OF M		JULTIPLE DEPENDENT CLAIM					X40=			OR	X80=	
	205						8	+135=			OR	+270=	
	ALCE						4	TOTA	AL		OR	TOTAL	
5	5-17-05	(Column 1)		(Colum	nn 2)	(Column 3)				-		ADDIT. FEEL	
ပ		CLAIMS REMAINING		HIGH NUM	EST		1 r		7	ADDI-	1		ADDI-
AMENDMENT		AFTER AMENDMENT		PREVIO	YUSLY	PRESENT EXTRA		RATE		TIONAL FEE	00.000	RATE	TIONAL
	Total	- 18.	Minus	(15	= /		X\$ 9=	†	7	OR	X\$18=	ree
	Independent	• 3	Minus	***	3	= (lt	X40=	1		ı	X80=	/
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM			V-10-3	╂	-/-	OR		
• 11	l the enterteres	• In In th **						+135=		/ 1	OR	+270=	
" If the entry in column 1 is less than the entry in column 2, write "of in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE													
1	i vie regnest Num The "Highest Num	mber Previously Pa ber Previously Pai	ed For (Total o	s SPACE is Independe	s less than ent) is the	n 3, enter "3." highest numbe				opriate box			

FORM PTO-875 (Rev. 8/00)